THE DOCTORS WEEKLY
A STRICTLY ETHICAL NEWSPAPER FOR THE MEDICAL PROFESSION AT HOME AND ABROAD

VOL. II—No. 8. NEW YORK, AUGUST 20, 1892. TERMS $2.00 A YEAR.

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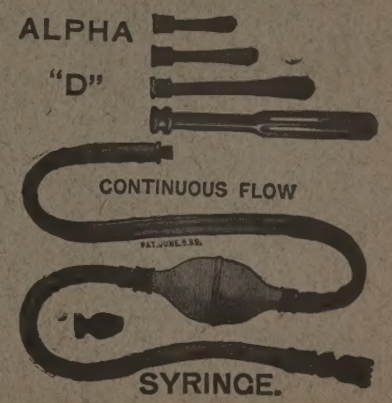

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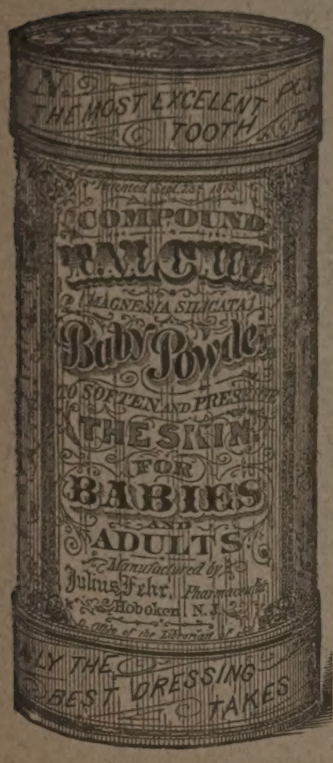

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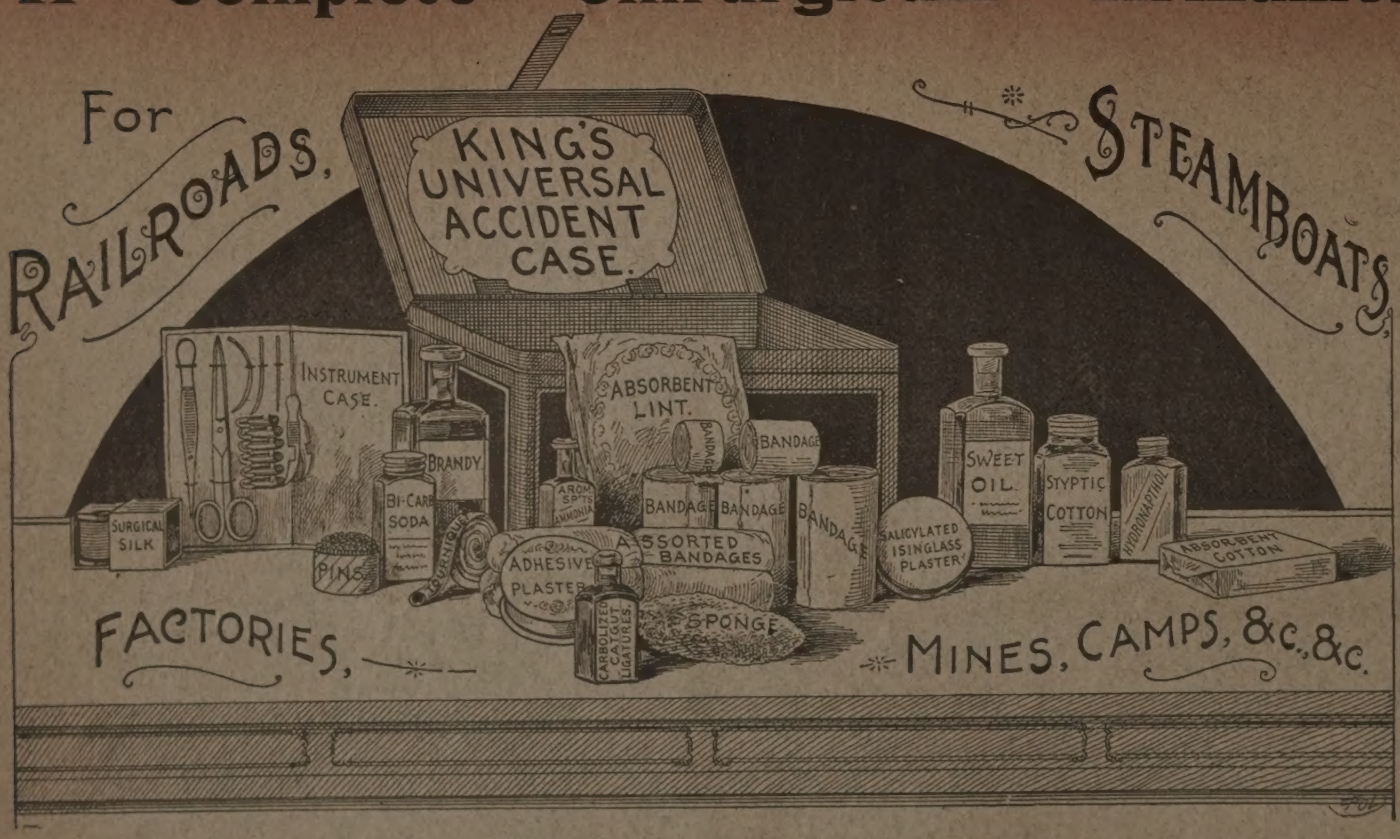

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OPERATION FOR APPENDICITIS: REPORT OF A CASE.

BY EDWIN RICKETTS, M. D., CINCINNATI, OHIO.

Read before the Academy of Medicine, Feb. 29, 1892.

Wm. R. Dabney, aged twenty years, weight 140 pounds, height five feet, seven inches, the son of my friend, Dr. D. W. Dabney, of Guyandotte, W. Va., had his first attack of pain over the region of the appendix beginning December 5th, 1890, lasting until December 21st following; the pain came on just after a free movement of the bowels; highest pulse rate 100; highest temperature 100.5°, No marked distention over the appendal region. In this case the McBurney point, as described by Dr. L. A. Stimson, held good in this and the following attacks, no vomiting in any of the seizures.

Second seizure began in the latter part of April, 1891, lasting nine days, at the end of which time he was sure that he had an escape of pus and blood through the urethra.

Third seizure came on in November, 1891, lasting eight days, complicated with an attack of grippe, temperature touching 104.5°; pulse 101 to 110; no vomiting, no obstruction. Doctors P. S. Connor, F. Forcheimer and B. F. Bebee saw him in consultation.

Fourth seizure in January, 1892, lasting six days; temperature 100° to 101°; *pulse going down to sixty-three*, remaining there during the seizure; Dr. Connor again saw him; Dr. Forcheimer prescribed ten drops of creosote in water, after meals.

Fifth seizure came on February 18th, 1892, at 6 p. m., when I decided promptly to open the abdomen, as soon as I could telegraph and get a reply from his father, who resides 160 miles up the Ohio Valley.

The medicinal treatment was the same in each attack, hypodermics of one-fourth grain doses of morphia every thirty minutes until the pain was relieved, followed by free purgation as the result of salines; while during any one of the five attacks *there was no distention, no vomiting, no obstruction*, yet *the pain* that was so marked at the McBurney point, that could be covered on the skin surface by the point of the middle finger, was simply excruciating, necessitating one-fourth grain doses of morphia, hypodermatically every twenty minutes, until four doses had been given, before the pain was relieved. He was purged Saturday and Saturday night with Rochelle salts, having had a bath at 9 p. m.

Sunday morning the abdomen was opened by an incision two and one-half inches in length, parallel with the median line, the middle of which was the McBurney point. The appendix, diseased, distended to thrice its normal size, with a tumor the size of a cherry attached to its outer end, while firmly attached to the gut, was with but little difficulty found, and removed by applying a silk ligature within one-fourth inch of the bowel, with another half an inch toward the outer end, cutting between the ligature, carefully dissecting away the appendix, with its tumor, from the intestine. By the application of the ligatures in cutting away the appendix, no fluid can escape into the field of operation. This field was sponged with warm filtered water, following which the abdominal wound was closed with Chinese silk twist. After making the *wound thoroughly dry*, two layers of the ordinary absorbent cotton in squares of six inches were placed over the wound and held in place by three strips, two inches in width and twelve in length, of rubber adhesive plaster. As soon as any moisture of the cotton could be detected it was replaced with fresh absorbent cotton. No drainage-tube was placed. Anæsthetic, chloroform. Doctors Connor, Bebee, Bramble, Hall, Ellis, Mills, Brunning, my brothers and our assistants were present.

The patient was put to bed, surrounded by copper cans filled with warm water. His convalescence has been uninterrupted. But little morphia has been given for restlessness or pain. The bowels have been kept moving every second day. He has retained nourishment. The highest point that temperature has reached was 100.4°, while the pulse went up to 100 once.

We have so many different names given this pathological lesion that I choose one—that of appendicitis—which can, for convenience and simplicity, be divided into *acute* and *chronic*.

Previous to five years ago statistics would condemn any surgical procedure for the relief of appendicitis, save when pus was present, evidenced by rigors, sweats, emaciation, rapid pulse and high temperature. Even at this time, notwithstanding that the treatment by surgery of appendicitis has been revolutionized, we have *advocates of medicinal treatment in both the acute* and the *chronic* stage; while some say *operate late, others at the first attack*, while some urge *an operation from the first to not later than the third attack*. It took forty years to get the medical profession to understand that ovariotomy was justifiable; now we have gone farther, showing that *it is not only justifiable*, but that it should be done *before the cyst attains great size*. It is seldom that we have a primary appendicitis going on to suppuration, but, when once the *second* attack comes on, those that fail to have the third, fourth or more attacks are the exceptions to the rule.

In the case just reported there had been *five* attacks, and the only symptom was *pain*, and yet, you see, since

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Dr. Freeman has opened the specimen, what serious pathological changes are present. There is no pus present. The tumor is gelatinous, containing a few small concretions. The appendix is markedly thickened. While the patient gives a history of an escape of pus and blood per urethra, yet, I am inclined to question its coming from this appendix.

This early operation, done at such a time, was simple as compared with a late operation, done, perhaps, for turning out a pint of pus, in which was found partially baked beans, compound cathartic pills, grape seeds, etc., etc.

The diagnosis of acute appendicitis is not difficult, but with an extension of the disease, accompanied with marked distension, it *is very* difficult. The thermal range cannot be depended on any more than in hydro or pyo-salpinx. McBurney says that it is absurd to depend on the thermal range, and yet, this is what guides many a general practitioner, leading him too often into delaying surgical interference unduly.

At 7 o'clock of the morning of the operation, my patient's pulse was 63; when on the table at 10 o'clock, following, ready for the anæsthetic, it was 100. Under the anæsthetic it dropped to 65, and there remained during the operation. The temperature was 99.5°.

Weir says, operate as soon as it takes large doses of morphia to relieve pain. McBurney claims that it is not difficult to determine the existence of the disease, but that it *is* difficult to determine its future progress. He is guided by the character and extent of the inflammation, and advises operating not later than the third day from the beginning of the first attack. At present, with thus advocating an operation, the concensus of opinion favors doing the same not later than the third day.

A few points bearing on my case, and I am done: This patient having had enough morphia hypodermatically on Friday night to relieve pain, was purged Saturday (the day before the operation) with Rochelle salts—freely, as we thought—yet, on Tuesday, two days after the operation, purging brought away undigested food that had been taken into his stomach on Friday, four days previous, just before the attack of pain came on. To my mind, this goes to show that "nervous depression," as the result of the patient knowing that an operation is to be done soon, with the added surgical shock, does *interfere with digestion.* I have found that I have made no mistake when I have had my patients undoubtedly purged previous to the operation, and then beginning it again on the second—not later than the third day. On the following Saturday—seven days after the operation—I had to admonish him not to do anything more with ice water than to wash out the mouth. After having partaken of some sour cream by mistake, he, during the absence of the nurse, drank rather freely of ice water, which brought on a violent attack of indigestion. From the effects of accumulated gas within the stomach and bowels, the abdomen became tense, causing great suffering. During this attack the pulse was 80, and the temperature was 98.5°. The Langdon rectal tube was introduced to the length of three feet, through which was pumped, by means of the Davidson syringe, warm water with soap suds, bringing away scybala and much flatus. Relief was soon followed by refreshing sleep.

This patient having had more or less morphia since his first attack in November, 1890, caused me to have the assistant, Dr. Gillett, administer a greater number of hypodermics than I would have done under other circumstances. I dislike its use, following abdominal sections, for the reason that it interferes with digestion, constipates the bowels—the very things that should be avoided—and, unless the patient is kept under its influence continuously, he or she becomes irritable and hard to care for. The less morphia, the more satisfactory the convalescence.

Had I waited for a rapid pulse, high temperature, obstruction, *positive evidences* of pus from the outside, more tumefaction, with protusion over the appendal region, I am sure that this tumor on the outer end of the appendix would have burst, the patient possibly dying of septic peritonitis. These violent attacks of pain must have been caused from pressure superinduced by the recurring attacks within the appendix, and as a result, the tumor would, in time, certainly have been followed by rupture, and I venture the opinion that just such possible ruptures are many times the cause of a great number of the so-called attacks of "idiopathic peritonitis."

Shall we open these abscesses for pain alone, when the doing in proper hands, in cases that must end in exploration, has a death-rate of less than one per cent? Or shall we wait until the pathological lesions are so extensive that a good part of the intestines literally float in pus?

Choose which one you will serve. We can and do have an accumulation of pus in an around the diseased appendix *without a high temperature and rapid pulse.* Don't let the pain that you are so successful, perhaps, in relieving from time to time finally lead you up to a pool of pus before urging an operation, for such an operation is *very* untimely.

Recurrent localized pain of a severe nature, up to tho third attack in the appendal region, is enough to *show that there must* be, within the abdomen, a cause for the same, and is in itself enough to demand that exploration, as an aid to diagnosis, should not be unduly postponed. It is not the thing to take the chances of making morphia fiends out of these patients. To explore early, with the possibility of doing a *timely* operation, offers better results than a late operation, done as a last resort. If, after three days' trial in my patient's first attack, we had failed to clear the alimentary tract by salines, aided by the use of the Langdon rectal tube, with the hypodermic use of morphia to relieve pain, I would have opened the abdomen promptly.

Mrs. Billus—"Why don't you pay it and say nothing, John? I wouldn't make so much fuss over a doctor bill." Mr. Billus (cross-eyed with wrath): "I didn't say doctor bill, Maria. I said doctored bill. It's from the Consolidated Gas Company."

SOME REMARKS ON THE VALUE OF VEGETABLE ALTERATIVES

IN CHRONIC, VENERAL, TUBERCULAR AND MALARIAL DISEASES, BY THOS. H. MANLEY, M. D., NEW YORK.

Member of N. Y. State and County Medical Associations, American Medical Association, Visiting Surgeon to Harlem Hospitals, etc.

Speaking of the elements of those medicines which serve a useful purpose, in exhaustive and debilitating diseases, Dr. Manley says, that there are limitations to the province of physiological chemistry or bio-chemistry, in being able to satisfactorily explain the *modus operandi* of very many of our most valuable medicinal agents. This is particularly true of the vegetable tonics, when administered in wasting diseases. We may prescribe iron, arsenical, quinine or other salts in malarial, tubercular, or syphilitic anæmia, occasionally, in vain, when, if we place our patient on fresh infusions, decoctions or tinctures immediate benefit will follow. The profession is not by any means in accord with those, who would have us believe, that the time has arrived, when medicines can be prescribed according to any set of rules, whatever scientific basis, their construction may rest on.

Warburg's-Tincture, one of the most valuable anti malarial remedies known, unfortunately is a secret, quack remedy, though owned by the British government. Huxam's tincture, so long a secret compound of the Birmingham chemist, is now common property of the profession.

Cod-liver oil and its many preparations have held their own well in pulmonary tuberculosis. But, there are many phases of surgical tuberculosis and those conditions of malnutrition resulting from syphilis, in which the oil is not well borne. Here the vegetable tonics, particularly those rich in the alkaline salts, are invaluable. The tincture of hops, decoction of sarsaparilla, gentian, columbo, or chamomile, either may be taken alone or in combination. A valuable combination of herb extracts was elaborated in the Southern States by members of the medical profession, as a substitute for mercury and the potassium iodide, during the late war of the Rebellion, when all pharmaceutic supplies were shut out by the blockade and the advancing lines of the enemy. It is known to pharmacists and practitioners as Verrhus Clemiana, and is composed of Clematis-erecta, Prinus-verticillatus, Fraxinus-Americana, Rhus-Glabrum, and one-eight of one per cent. of Venanatic acid; all indigenous in the Southern States. I have extensively employed this compound in many cases of chronic, tubercular, glandular and bone diseases, besides other wasting maladies, with excellent results. Indeed in these times pharmacy yields a large number of vegetable elixirs, so palatable and easy of assimilation that one should always give them a protracted trial in the vast majority of tubercular or syphilitic, bone or joint disease, before any sort of sanguinous operation should be thought of.

REPORT OF A CASE OF GUNSHOT WOUND OF LIVER AND STOMACH. LAPAROTOMY, RECOVERY.

Read in the Section of Surgery and Anatomy, at the Forty-third Annual Meeting of the American Medical Association, held at Detroit, Mich., June, 1892.

BY JAMES T. ELKS, M.D., of Hot Springs, Ark.

Some time in April I received a note from Dr. Eugene Hay, saying he had a case he thought required a laparotomy, and asking me to come to him.

I responded, and found the doctor at what is known as "Dirty Six," a tough suburban resort. In a small cottage, lying on a bed, was a young man apparently 22 years old. He was resting very quietly, his face covered with sweat. Turning him partly on his right side, Dr. Hay showed me the wound of entrance—a bullet hole 3 inches to the left of spinal column and just at lower border of last rib. There was no wound of exit. He had vomited quite a quantity of blood. There was no tenderness; pulse 70 but quite soft, and as stated above, his skin was covered with sweat. I agreed with Dr. Hay that indications pointed to a laparotomy, and so advised the friends of the young man and the man himself. At first he refused an operation. Then stating the case to him as clearly as I could, telling him what the hemorrhage meant, and what his prospects were both without and with the operation, he consented to have it done. This was about 3 a. m. We then proceeded to get ready as best we could. There was nothing in the house; we had to borrow the table, lamps, and even the hot water, from a restaurant across the street. So after boiling my instruments, I got everything in the best shape I could, and again asked him if he wanted the operation; he again consented, and was brought to the table. Dr. Hay gave the chloroform until the patient was anæsthetized, when it was turned over to Dr. How, and Dr. Hay assisted me.

The abdomen was then rendered as aseptic as we could make it with green soap, bichloride and ether, and by the light of the lamps I made an incision from the ensiform cartilage to the umbilicus, afterwards prolonging it about 2 inches below the latter point. All hemorrhage was checked before the peritoneum was opened. When we entered the cavity of the abdomen some blood was visible, but not a great deal. At this time the patient began to vomit blood, and during the straining the stomach was pushed out of the abdomen and lay in my hands; as it did so the bullet also appeared to the left of the median line, and lying loose. This was removed and handed to a bystander. I then carefully examined the anterior and posterior surfaces and the greater curvature, but could find no wound in the stomach. I then passed my fingers along the lesser curvature, but still could find no wound. Continuing my search, I found a bullet hole in the posterior edge of the liver, to the right of the aorta. By

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Since the successful "food show" held lately, in Boston, Mass., one can no longer doubt the fact that the people of this country are in earnest in their pursuit of knowledge regarding the kind of food that they eat. They are no longer content to take for granted every story that their grocer or butcher may choose to tell them, but show an earnest desire to examine and prove for themselves that what they purchase is pure and healthful.

One of the most energetic exhibitors at this fair was Henry T. Champney, manager of the J. P. Bush Manufacturing Company. Mr. Champney claims that he has discovered that which Ponce De Leon sought for, but failed to find many years ago. Not the fountain of perpetual youth, but something eminently more dear, and which has proved a most precious boon to mankind, *i. e.* Bovinine, which is the most readily absorbed and assimilated of all artificial food, inasmuch as it is disposed of at once in the stomach with the aid of the intestines, by a process approximating the transfusion of blood.

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Bovinine is prepared from thoroughly inspected cattle, great care being taken to have them free from pleuro-pneumonia and all other diseases. Twelve ounces contain the strength of twelve pounds of meat.

More than thirty thousand physicians in the United States, Canada and England have tested and prescribed this food during the last twelve months, and it has now come to be known as the standard preparation for the nourishment of infants, children and adults in every phase of sickness or disease, and it is relied upon to sustain the system in any pathological condition.

this time the flat sponges which I had used to keep the intestines in the cavity were with the latter extruded, and lay on the patient's abdomen. The intestines were carefully wrapped in warm towels and kept warm with boiled water, while I continued to search for other wounds. Finding none in the intestines, and being unable to stitch the hole in the liver, I wrapped a glass drainage tube in iodoform gauze and passed it down underneath the stomach, and placed it in the wound in the liver. This bag of iodoform gauze I packed with more gauze, thus ballooning it, and a strip of same material was passed down the tube into the hole in the liver. After this was done, I flushed the cavity of the abdomen with warm sterilized water by passing the nozzle of the irrigator down into the bottom of the pelvis and allowing the water to fill and overflow the abdomen. In doing so some clots and blood were washed out. I then proceeded to sponge out the cavity, getting it as dry as I could. During all this time Dr. Hay was assisting me, while Dr. How was giving the anæsthetic. When this was completed, we had great difficulty in getting the intestines back into the abdomen. Patient's pulse began to grow quite weak, and hypodermics of whisky and digitalis were given. Finally the abdomen was closed with sutures of braided silk, and coaptation sutures of plain silk, the drainage tube coming out at the upper end of the incision; the iodoform bag with its packing shutting off the abdominal cavity from the wound in the liver, and also from the posterior surface of the stomach.

I saw the patient a few times afterwards with Dr. Hay, and for the subsequent data I am indebted to him.

The glass drainage tube was removed on the third day, and on the fifth the iodoform gauze was taken out perfectly sweet; drainage of bloody serum had been perfect. Into the place of the large bag of gauze I now pushed, with the sterilized handle of a tenaculum, a strip of same material, and allowed it to remain several days. This latter was removed by Dr. Hay and the hole closed with a suture.

Day after the operation temperature was 99° in the morning and 100° at night. During the next day he had considerable pain in the abdomen, with tympanitis. We now gave him saline purges until his bowels moved some eight or ten times, with entire relief of the tympany.

During the next five days he was nourished by the rectum. He was allowed nothing by the stomach but crushed ice for three days, save the saline mentioned, when a little water was permitted. His temperature ran from 99° to 100° during the forenoon and to 100° or 101° during the afternoon. On tenth day we removed the sutures and found perfect union, with one stitch hole abscess. Dr. Hay redressed the wound. The day after he telephoned me that the man had been coughing and had torn open the line of union. He visited him and found the line open for about 4 inches, with a knuckle of intestine protruding. This he replaced. There were adhesions between the parietal and intestinal peritoneum throughout the remainder of the open wound. These he separated with his fingers and put in several sutures through all the tissues, and brought the wound together. The patient stood this without an anæsthetic. These stitches were allowed to remain in place for two weeks, when they were removed, the line of union being found strong. The wound was now covered with aristol and carbolized gauze, and several adhesive plasters strapped the latter in place, thus supporting the parts to prevent a new rupture.

During the healing process patient complained of a constant pain in one spot in the line of incision, which I think may be explained by the adhesions which had been formed. At the end of three weeks the young man was well, and in four weeks was up. He now has no trouble save some "bloating" of the abdomen from gas.

THE RETIREMENT OF PROFESSOR DA COSTA.

The *Medical News* says: We are authoritatively informed that Professor Da Costa will not again take part in the clinical lectures at Jefferson Medical College. This announcement can occassion only profound regret among the friends and alumni of the college, with whom the name Da Costa stands for the embodiment of what is best and noblest in medicine and as representative of the ideal in teaching. Dr. Da Costa's resignation from the Chair of the Practice of Medicine is yet fresh in memory. By the action of the Board of Trustees of the College he was made Emeritus Professor in the Department that he had for so many years conducted with such signal ability and distinction, and upon the invitation of the Faculty he delivered his usual course of clinical lectures last winter. Dr. Da Costa has now withdrawn from all teaching connection with Jefferson College.

DRY CELL BATTERIES.

Dr. Ernest B. Sanger seems to have had an unfortunate experience with these batteries if we are to judge from the following advice he gives (*Times and Register*): Do not invest in a dry cell battery. Do not buy an instrument that is boxed up tight, and the inner workings of which are unknown. It is like those trades of our youth, in which we bartered knife for knife, "sight unseen," and perhaps secured merely an empty knife handle from our too smart companion in exchange for our own ancient, but still fairly serviceable, "toad-sticker." Get a wet cell battery. It does not look quite so pretty, perhaps, but you can see all the connections; there is nothing hidden; and, when the electricity weakens and disappears, a small sum will replenish the strength, and you will not be compelled to box your instrument, express it to the maker and pay thirty cents per cell for refilling.

PATIENT: Doctor, I have trouble about swallowing. Does that amount to anything? Doctor (looking down his throat): Yes, that amounts to $5,

SUNDAY SCHOOL TEACHER: What caused the death of Goliath? Pupil The Gravel.

ROSSVILLE, STATEN ISLAND,
May 17, 1892.

I reiterate my assertions made nearly a year ago and am daily prescribing Antikamnia with happiest effects.

In my practice it accompanies the maid from her virgin couch to her lying-in chamber, assuaging the perplexities of maidenhood and easing the trials of maternity with most gratifying results.

I earnestly hope that the proprietors of this valuable remedial agent will keep it up to its present standard of purity and excellence.

Truly, CALEB LYON, M. D.

PROF. VIRCHOW, has been elected Rector of the University of Berlin for 1892-93.

THE following have been added to the list of Honorary Presidents of the International Congress of Obstetrics and Gynæcology:—Drs. Robt. Barnes, Thos. Keith, John Wallace and Lawson Tait, of England; Dr. Murdoch Cameron, of Scotland, and Drs. Macan and Moore Madden of Ireland.

NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well know that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from over-mental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents for uric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolved in water in various proportions, but it certainly does not, in cases to which I refer, have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892 *

BURGUNDIA COCA.

The Tonic of Tonics.

THE STANDARD FOR DELICACY AND EFFICACY.

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USE ELECTRICITY

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No. 300 Fourth Avenue New York,

Manufacturers of the STANDARD ELECTRICAL INSTRUMENTS, for Physicians, Surgeons and Family Use.

It is important to us that you mention this Journal.

OBITUARY.

Priscilla F. Macy, widow of Dr. B. C. Macy, died at Dobbs' Ferry, August 12th; age 70 years.

Dr. William Henderson, Professor of Clinical Medicine in the Royal Medical College at Kingston, Ont., died August 14th after two weeks' illness from Bright's disease and dropsy of the lungs. He was thirty-six years of age and was a member of many societies.

Dr. Abel S. Titsworth, of New Market, N. J., died at his home in that place on Wednesday morning, August 10th. He was fifty-two years old. A widow and four children, two boys and two girls, survive him. Mrs. Titsworth is a daughter of the late Justice Charles C. Morgan, of that place.

Dr. Walter Coles, medical examiner of the Mutual Life Insurance Company and president of the St. Louis Medical Society, committed suicide on August 9th in St. Louis, Mo. The only known reason for the rash act was ill health. He was 54 years old and leaves a widow and four children.

PERSONAL.

Dr. G. W. Holman, of Brooklyn, N. Y., is at Sea Cliff, L. I.

Dr. B. A. Shannon, of New Brunswick, is at Sunset Hall, Asbury Park, N. J.

Dr. Austin Flint, Dr. J. H. Henry and Dr. W. H. Salter, all of this city, are at Long Beach, L. I.

Dr. H. S. Hathaway and family, of Rochester, N. Y., are at the Surfe Hotel, Fire Island, L. I.

Dr. C. W. P. Brock, of Richmond Va., has been elected president of the National Association of Railway Surgeons.

Dr. L. McLain Tiffany, of Baltimore, Md., has been appointed Surgeon-in-Chief of the Baltimore and Ohio Railway System.

Dr. Hunter McGuire, President of American Medical Association, sailed August 3d on an European trip accompanied by Dr. Phillip Taylor and wife, of Richmond, Va., and will return in September.

Dr. W. Thornton Parker has accepted the invitation of the Faculty of the College of Physicians and Surgeons, Chicago, to deliver the course of lectures on Medical Jurisprudence during the approaching session 1892-3.

Dr. W. E. B. Davis, who for some months past has been associated with Dr. J. B. S. Holmes, of Rome, Ga., in a sanitarium for the treatment of diseases of women, has decided to return to Birmingham, Ala., where he originally practised.

Dr. A. M. Fernandez de Ybarra, of 194 West 10th street, this city, has been put in charge of a new department of the *International Medical Magazine* called Review of Italian, Spanish and Portuguese Medicine. Dr. Fernandez is also the Editor of a new Spanish medical journal just started in this city with the name of *Gaceta Médico Farmacéutica*, We sincerely congratulate this industrious and learned Cuban gentleman, who wields the pen with equal facility and literary skill in the English and Spanish languages.

POLITICS IN THE HEALTH BOARD.

(*Circular letter of City Reform Club.*)

Thoughtful men have noticed, with increasing concern, signs of political interference with the Board of Health of the city of New York.

For a long time this Department avoided the practices which have demoralized other branches of the City Government, and the public confidence in its efficiency was deserved.

Recent events confirm the fear that the appointment of President Charles G. Wilson, a chief officer possessing greater pliability as a politican than ability as an executive, had changed scientific for partisan methods. Public attention was attracted to this state of affairs by the resignation of Doctors E. G. Janeway, T. Mitchell Prudden, Daniel M. Stimson, Abraham Jacobi, Stephen Smith, Joseph O'Dwyer, Richard H. Derby and Wm. A. Valentine from the Consulting Medical Board. While the practices complained of have been gradually becoming more frequent, the immediate cause of the loss to the city of the advice of these eminent physicians was the enforced resignation of Dr. Wm. A. Ewing, who was the Sanitary Superintendent. In demanding this resignation, the President of the Health Board frankly said to him: "I cannot place my finger upon any act of yours, or any failure on your part to act, which has not given me perfect satisfaction. You have been careful, judicious and prudent always, *but the pressure for your place is so strong that I am unable to withstand it, and you must hand me your resignation or I must get out myself.*"

At the same time, he demanded the resignation of the counsel of the Board, Col. Wm. P. Prentice, who is pre-eminently fitted for the place, and was removed for political reasons. His loss is probably the most serious result of the raids of the place-hunters. If Col. Prentice had been retained, the Board of Health would probably have known whether the Building Department Act was constitutional before parting so hastily with its records, etc.

Dr. Roger S. Tracy, the Register of Records in the Health Department, a very capable officer, was displaced for political reasons,—being reduced to Deputy Register of Records, in which position he is performing the same duties as before, while Dr. John T. Nagle, who has a "pull," enjoys the higher salary.

The Board of Health has refused to abate the Lion Park nuisance, showing that the influence of the wealthy brewers, who profit by the resort, exceeds the almost unanimous petitions of the neighboring property owners.

The death rate for the year ending July 22nd, 1892, was 26 in 1,000 of population against 24.5 in the previous year.

The death rate of London in 1891, was 21.3 to 1,000, that of Paris was about the same, while that of Berlin was less than 21 to 1,000. These comparatively — not ideally — low rates have been accomplished, in the case of each of these great cities, in the face of many discouragements and difficulties, by sanitary measures, no one of which may not be brought into play for the saving of human life in this metropolis.

New York because of its good situation should have a lower death rate than London, Paris or Berlin. The wickedness of annually sacrificing five thousand lives to the greed of selfish politicians, is only equaled by their folly in thinking the people will tolerate abuses which will reduce the Health Board to the level of the Excise and Police Boards.

Such men are not affected by appeals of duty or of humanity, but they quickly yield when the machine is threatened with a loss of votes.

New York, August 10th, 1892.

POMEROY COMPANY

(FORMERLY POMEROY TRUSS CO.)
Daniel Pomeroy, *Pres.* Chas. R. Dean, *Sec'y.*

We have been engaged for the last twenty-five years in making hernial and other surgical appliances, not for the wholesale trade, but with special reference to adapting them to the particular cases that have been sent to us by the physicians of New York, Brooklyn, and vicinity, so as to get the best results in each case.

In the daily endeavor to accomplish this end, not only has Mr. Pomeroy developed and brought into service many useful inventions, but his assistants, who have been with us the greater part of this period, have acquired the necessary skill, patience and judgment to apply them correctly, so that a failure in any respect is the rare exception.

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For **Hernia,** we have trusses of all kinds, including several specialties of our own. Chief among these is our **FRAME TRUSS,** which is practically a **perfect appliance.** Fitted with the **Oscillating Water Pads,** it serves equally well the simplest and severest cases. In this form it is specially adapted for adults, but, suitably modified, it is used as well for children and infants of the tenderest age, with them almost always effecting a cure.

Our Specialties in **ELASTIC STOCKINGS,** and **SPINAL APPARATUS** are well known.

It is earnestly requested that physicians sending their patients to us will, whenever practicable, give written directions as to what is required, and such directions will be carefully heeded.

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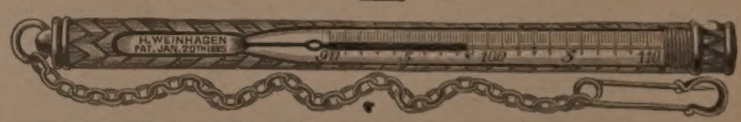
Our 301 B has a Jet Black Back, the degrees and numbers being white. Our 301 A is a White Thermometer with degrees and numbers black.

Our Thermometers have H. Weinhagen and Trade Mark engraved on the back.



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Heavy Gold-Plated Case, Gilt Chain and Pin, with 3½, 4 or 5 in. Thermometer, $1.50 each
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Very respectfully,

Baltimore, Md., 8, November 1887. ORRAY T. SHERMAN.

The Doctors Weekly

IS PUBLISHED

EVERY SATURDAY,

BY

FERDINAND KING, M. D.

EDITOR AND PROPRIETOR,

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ANNOUNCEMENT.

EARLY in October, we will issue a large special edition of the WEEKLY containing photographs and biographies of many prominent physicians now residing in New York City, who were born in the Eastern States. This edition will be followed in rapid succession by similar editions devoted to physicians who came here from "The Southern States," "The Western States, etc," and also those of foreign birth. As about 25,000 copies of each edition will be printed, advertisers will find this an unusual opportunity for reaching the entire profession throughout the United States and Canada at small cost.

DOCTOR—You must stop using horse-cars in going to and from your business. Take the grip-cars.

Patient—Why, doctor! What difference does it make?

Doctor—The walking will do you good.

GARDNER'S

SYRUP OF HYDRIODIC ACID.

HYDROGEN IODIDE.

This is the original Syrup of Hydriodic Acid, first brought to the attention of the medical profession by R. W. Gardner, the use of which has established the reputation of Hydriodic Acid as a remedy.

Since its first introduction in 1878, its great value in the treatment of disease, as demonstrated by the experience of the profession, and the extensive circulation of this experience by the present writer, has excited the cupidity of a large number of manufacturers, who are seeking to take advantage of the reputation which this article has obtained, and of the large outlay of time and money expended by the writer, in disseminating the experience of the profession in its use.

Various preparations, bearing the same name, are offered, and the writer's announcements are largely copied.

This only proves the value of the igina preparation, for a worthless article would scarcely be imitated.

The physician cannot be too careful to send his prescriptions to reliable parties only, and designate the manufacturer whose preparation he wishes the patient to use.

Hydriodic Acid should not be prescribed in combination with alkalies, metalic salts, or oxidizing agents, which latter would convert the Hydriodic into Iodic Acid, which possesses toxic properties.

In syphilitic diseases it may be combined with the bin-iodide of mercury, but if the prot-iodide is used, allowance must be made for its conversion into bin-iodide, which is a very much more active mercurial, and if not understood, might produce dangerous results.

Hydriodic Acid, probably, passes into the circulation without change, particularly if taken upon an empty stomach, and this is the proper time to exhibit the remedy, as no decomposition of the acid is apt to occur, owing to the absence of food products.

The proportionate arrangement of the elements constituting Hydriodic Acid is remarkable, the Acid being, in fact, almost wholly Iodine. The very small proportion of Hydrogen being the true equivalent, suffices to entirely remove the irritant quality from Iodine, by converting it into a non-irritant compound, from which, however, the full therapeutic action of Iodine is not only obtained, but in a marvellously effective and agreeable manner.

THE ADMISSION OF WOMEN INTO MEDICAL SOCIETIES.

This subject received unusual attention at the meeting of the British Medical Association held at Nottingham last month. The voice of all who spoke was in favor of admitting all duly registered female practitioners into the association. When the question was submitted to the association it was carried very nearly unanimously, only four members voting against such admissions. The Association's decision has been received by the press generally throughout the kingdom with expressions of warm approval and congratulation. It is presumed that our own American Medical Association will take action on this subject at some meeting in the near future.

EDITORIAL ITEMS.

THE emissaries of "Keelyism" find the introduction of their so-called Gold Treatment of Inebriety into England, rather up-hill work. The English physicians have sat down upon these gentry and their methods with pronounced emphasis, hence the old stereotyped cry of "*oppression*" is being heard in the land of J. Bull. "It is the hit dog that hollers," says Sam Jones.

WE find *Condensed Extracts*, a monthly journal made up from the latest foreign, medical, dental and pharmaceutical journals, one of our most valuable exchanges. It contains just such matters as interest the average physician, giving him the grain without too much chaff. Dr. Ferd C. Valentine, 236 West 51st street, New York is responsible for the bantling for which he wants one dollar a year.

OFFICIAL reports from the cholera infected districts of Russia show a daily average of 8,600 new cases and 4,288 deaths from the disease. This percentage of deaths, amounting to nearly fifty per cent., is truly appalling. Persian cities are likewise scourged to an alarming extent. London is growing uneasy and her health authorities are closely scrutinizing all vessels from infected ports.

Dr. R. Harvey Reed, of Mansfield, Ohio, read a paper before the Surgical Section A. M. A., on implantation of the ureter in the rectum, in which he concludes, from experimentation on dogs, that unilateral implantation of the ureter in the rectum is a practical surgical procedure. Bilateral implantation of the vasa deferentia into the rectum is not followed by detrimental results other than sterility of the animal. Simultaneous implantation of both ureters is a questionable surgical procedure. The rectum readily accommodates itself to the presence of urine. Liquid stools are not necessarily frequent as a result of the procedure. The procedure is indicated in laparotomies needed for removal of neo growths in which one or both ureters are involved and in certain grave bladder disorders.

NEWS AND MISCELLANY.

THE twenty-third session of the Medical Society of Virginia will convene at Alleghany Springs, Va., September 13.

I HAVE never seen a hare-lip on the right side, and have never seen a cancer on the lower lip of a woman. —*Gregory.*

THE Report of the Board of Health of New York City, week ending August 6th, is as follows: Marriages reported, 180; Births reported, 1,144; Deaths reported, 1,181; Still-births reported, 64.

IT IS a common idea among the laity that a persistent pain in the small of the back means kidney trouble. As a matter of fact, acute nephritis from cold is the only kidney disease that announces itself to the patient by pain.—*Baumgarten.*

IT HAS been decided that the next Congress of Food Analysis shall take place in Vienna in 1894. A committee has been appointed to take steps for the preparation of "A Codex Alimentarius," in accordance with a resolution passed at the previous meeting of the Congress in 1891.

THE Jennie Casseday Free Infirmary for Women, of Louisville, Ky., was formally opened for the reception of patients, April 12, 1892. The object of this infirmary is the treatment of the diseases peculiar to women. and it was founded, is owned and conducted by the order of King's Daughters, in Louisville, Ky. Dr. Lewis S. McMurtru is the attending surgeon.

SOUTHERN SURGICAL AND GYNÆCOLOGICAL ASSOCIATION.—The Annual Session of the Association will be held in Louisville. Ky., on November 8th, 9th and 10th. Those proposing to assist in making the meeting a success by the contribution of papers should promptly notify the Secretary, Dr. W. E. B. Davis, of Rome, Ga., of the titles at their earliest convenience. To those desiring to nominate candidates for membership, blanks will be furnished on application. Dr. J. McF. Gaston, of Atlanta, Ga., is President, and is actively at work to make this session as great a success as any of its predecessors.

A FEW changes in the teaching staff of the College of Medicine of the University of Southern California, will take place for the year 1892–93. Drs. Geo. W. Lasher and W. Le Moyne Wills will lecture on surgical subjects, assisting Prof. H. H. Maynard. Dr. W. W. Beckett, who has filled the chair of obstetrics acceptably during the past three years, finds that it takes too much time from his hospital and private practice, and will henceforth confine his attention to his duties as Chief of Clinics at the College. Dr. M. L. Moore has been elected Professor of Obstetrics vice Dr. Walter Lindley, who has held the position since the founding of the institution but who has taken no active part in the work since his appointment to the Whittier Reform School work. Dr. Moore brings to his work considerable experience and enthusiasm.

YOUNG Pharmaceutist: Are you ever troubled with colic, miss? His Partner: No. "What a pity! I have a cure for it that's simply 'out of sight.'"

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of the Medical Profession is directed to this remarkable Curative Preparation, endorsed by THOUSANDS OF THE LEADING PHYSICIANS OF THE UNITED STATES, who are using it in their daily practice.

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is invaluable in all forms of **WASTING DISEASE**, and in cases of **CONVALESCENCE FROM SEVERE ILLNESS.** It can also be depended upon with **POSITIVE CERTAINTY OF SUCCESS** for the cure of **NERVOUS WEAKNESS, MALARIAL FEVER, INCIPIENT CONSUMPTION,** and **GENERAL DEBILITY.**

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Is a reliable **Food Medicine;** rapidly finds its way into the circulation; **arrests Decomposition of the Vital Tissues,** and is **agreeable to the Most Delicate Stomach.** To the physician, it is of incalculable value, as it gives the patient **assurance** of return to **perfect health.**

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Excludes the Poisonous and Convulsive Alkaloids, Thebaine, Narcotine and Papaverine.

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TO PHYSICIANS OF REPUTE, not already acquainted with its merits, samples will be mailed on application.

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Specify "Battle" when Prescribing our Preparations.

BROMIDIA

THE HYPNOTIC.

Formula.—

Every fluid drachm contains fifteen grains EACH of Pure Chroral Hydrat. and purified Brom. Pot. and one-eight grain EACH of gen. im. ext. Cannabis Ind. and Hyoscyam.

Dose.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

Indications.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirum of fevers it is absolutely invaluable.

It Does Not Lock Up The Secretions.

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THE ANODYNE.

Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated. It has less tendendy to cause Nausea, Vomiting, Constipation, etc.

Indications.—

Same as Opium or Morphia.

Dose.—

ONE FLUID DRACHM—(represents the Anodyne principle of one-eight grain of Morphia.

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THE ALTERATIVE AND UTERINE TONIC.

Formula.—

Iodia is a Combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

Dose.—

One or two fluid drachms (more or less as indicated) three times a day, before meals.

Indications—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhea, Amenorrhea, Impaired Vitality, Habitual Abortions and General Uterine Debility.

Specify "Battle" when Prescribing our Preparations.

PRESCRIPTIONS.

N. Y. HOSPITAL FORMULARY.

UNGUENTUM CAMPHORÆ.—
℞ Camphoræ, part. ij.
Adipis, part. vj.
Ceræ albæ, part j.
Melt the white wax and lard at a gentle heat. Then add the camphor, and stir until cold.

UNGUENTUM COCAINÆ.—
℞ Cocainæ hydrochloratis, gr. ij.
Unguenti [*vel* petrolati], ʒ ij.
To be applied to the conjunctiva every hour, in recent burns or injuries of the eye.—*Dr. W. F. Mittendorf.*

UNGUENTUM HYDRARGYRIET PLUMBI. (Bureau O. D. P.).—
℞ Hydrarg. oxidi rubri, gr. ij.
Liquor. plumbi subacet., *m* vij.
Unguenti [*vel* petrolati], gr. cxx.
To be applied, at bed-time, to edge of eyelids, in blepharadenitis.—*Dr. W. F. Mittendorf.*

UNGUENTUM HYDRARGYRI OXIDI RUBRI COMPOSITUM. (Bureau O. D. P.)—
℞ Ung. hydrarg. ox. rub., (U. S. 10 per cent.,
Ung. zinci oxidi,
Ung. acidi carbolici, aa part. æq.
—*Dr. G. H. Bosley.*

UNGUENTUM HYDRARGYRI OXIDI RUBRI CUM PLUMBO. (Bureau O. D. P.)—
℞ Hydrarg. oxidi rubri.
Plumbi acetatis, aa gr. viij.
Unguenti [*vel* petrolati], ʒ j.
Mix intimately.

UNGUENTUM IODOFORMI ET ATROPINÆ. (Bureau O. D. P.)—
℞ Iodoformi, gr. xxx.
Atropinæ sulphatis, gr. j.
Unguenti [*vel* petrolati], ʒ ss.
To be applied to the conjunctiva every evening in chronic phlyctenular ulcers.—*Dr. W. F. Mittendorf.*

UNGUENTUM NAPHTHOL. (Char. Hosp.)—
℞ Naphthol, gr. x--xxx.
Zinci oxidi, gr. xl.
Unguenti [*vel* petrolati], ʒ j.
—*Dr. Chas. W. Allen.*

UNGUENTUM PHYSOSTIGMINÆ.—Unguentum Eserinæ.—
℞ Physostigminæ [*vel* eserinæ] salicylatis, gr. j.
Unguenti [*vel* petrolati], ʒ j.
To be applied to the eye every four hours, in ulcers of cornea.—*Dr. W. F. Mittendorf.*

UNGUENTUM PICIS ALKALINUM. (Bureau O. D. P.)—
℞ Liquor. picis alkalini, gr. lx.
Unguenti [*vel* petrolati], ʒ j.

UNGUENTUM PICIS COMPOSITUM.—
℞ Olei picis liquidæ, part. iv.
Ceræ flavæ, part. xxvj.
Adipis, part. xxxij.
Olei gossypii, part. xxxv.
Tinct. benzoini, part. ij
Zinci Oxidi, part. iij
Melt the lard and white wax with the cotton-seed oil at a gentle heat. Then add the tincture of benzoin, and continue heating until all the alcohol has escaped. Next add the oil of tar, and finally, the oxide of zinc, incorporating the latter thoroughly, so that, on cooling, a homogenous ointment may result.

UNGUENTUM SULPHURIS COMPOSITUM.—Hebra's (or Wilkinson's) Ointment.
℞ Calcii carbonat. precip., part. ij.
Sulphuris sublimati, part. iij.
Olei cardini, part. iij.
Saponis viridis, part. vj.
Adipis, part. vj.
Melt the lard at a gentle heat. Then add the green soap and incorporate the other ingredients, stirring until the ointment is cold.

UNGUENTUM ZINCI ET AMYLI. (Char. Hosp.)—Lassar Paste.
℞ Zinci oxidi,
Amyli, aa ʒ j.
Unguenti [*vel* petrolati], ʒ ij.

UNGUENTUM ZINCI ET HYDRARGYRI.—(Bureau O. D. P.)
℞ Ung. zinci oxidi, ʒ j.
Ung. hydrarg. nitratis, ʒ iss.
Ung. acidi carbolici, ʒ iv.

UNGUENTUM ZINCI SALICYLICUM.—(Bell. Hosp.)—Frank's Ointment.
℞ Zinci oxidi, gr. clxxx.
Acidi salicylici, gr. lx.
Amyli, ʒ iv.
Unguenti [*vel* petrolati], ʒ viij.

SYCOSIS AND ECZEMA SEBORRHOICA:
℞ Ac. salicyl
Resorcin. aa. 5.0 (ʒ I¼).
Sulph. præcip. 10.0 (ʒ IIss).
Epidermin. ad 100.0 (ʒ XXV).

CHLOASMA AND EPHELIDES:
℞ Bismuth. sub. nit.
Hydrarg. præcip. alb. aa. 5.0 to 10.0 (ʒ I¼ to ʒ IIss.)
Epidermin. ad. 100.0 (ʒ XXV).

LUPUS VULGARIS:
℞ Ac. Salicyl.
Creosot. fag. aa. 5.0 (ʒ I¼).
Epidermin. ad. 100.0 (XXV).
—*Condensed Extracts.*

ANTISEPTIC OINTMENT.—Reclus (*La Semaine Medicale*) prescribes the following ointment in burns:
℞ Iodoform. 1.0 (gr. XV.)
Acid. boric.
Antipyrin. aa. 5.0 (ʒ I ¼.)
Vaselin. 50.0 (ʒ XIIss.)
M. f. ung.
S. For external use.

THERAPEUTIC NOTES.

PHTHISIS.—Creosote is an excellent adjuvant to other remedies in the treatment of phthisis. In Bellevue Hospital, where it is extensively used, it is put up in a liquid with syr. zingib. and elix. cinchona, or in a pill with bismuth. In capsules alone it is apt to irritate the stomach. An excellent method of using it is with an inhaler, a cheap and efficient form of which is that of Dr. Beverley Robinson. For inhalation it is prescribed with chloroform and alcohol.—*Ex.*

STRYCHNINE IN DIABETES MELLITUS.—In the St. Petersburg monthly *Meditzinskia Pribarlerua R'Morskomu Sborniku*("Medical Supplements to the *Marine Review*," published by the Russian Admiralty), Dr. O. V. Korjensvsky, of Astrakhan, details a remarkable case of diabetes (of abscure origin, in a strongly built naval officer) cured by the internal use of strychnine in ascending doses.—*Ex.*

PHENACETINE IN URINARY DISORDERS (Trail Green).—In those urinary disorders which come on with advancing age, and which are due at once to prostatic hypertrophy and irritability of the bladder, phenacetine acts by claming this irritability. and permiting a longer retention of urine. This then acts as a distending force, and increases the capacity of the bladder (which from the irritation had contracted a habit of expelling the urine as soon as a few grms. of the liquid had accumulated, with a consequent reduction of capacity). It also perhaps acts in diminishing the production of urates and thus lessens irritation, but does not effect the quantity of liquid.—*Rev. Gen. de Med.*

ANÆSTHETICS. Dr. Ness, in *Glasgow Med Journal*, reports 1080 cases in which anæsthetics were employed at the Hospital for Sick Children. In all these cases careful notes were taken, and there were at least a thousand more of which no record was kept. Chlaraform was almost invariably used, ether being employed only in exceptional cases. No death ever occurred during the administration of an anæsthetic. The mode and details of administration are not given.—*N. Y. Med. Journal.*

DIPHTHERIA. Professor William H. Thomson treats diphtheria with Smith's solution of bromine. Apply it to the throat, diluted, one part to eight parts of water, and give it internally, diluted, and according to age, every two or three hours.—*Med. Record.*

BUTYL CHLORAL FOR FACIAL NEURALGIA. Butyl-chloral has been proved to have an especial action on the facial or trigeminal nerve. Given internally in doses of from 1 to 3 grains, it has a marked effect in relieving painful neuralgias of this nerve. Professor Leeibreich, of Berlin, prescribes it as follows:

℞.—Butyl-chloral, gr. xl-lxxv.
Alcohol, rect, f ʒ iiss.
Glycerini, f ʒ v.
Aquæ dest., q. . ad f ʒ iv.
M.—S. From two to four teaspoonfuls p. r. n.—*The Physician and Surgeon.*

CARBOLIC ACID GANGRENE.

The profession has recently been warned more than once through the unfortunate experience of surgeons that the use of carbolic acid solutions as a surgical dressing is frequently followed by grave complications, amounting in some cases to a condition of dry gangrene of the parts that have come in contact with the acid. This complication may result when the original injury is only trivial. The first symptom the patient will complain of is a numbness of the parts, or a prickling sensation, this is frequently followed by severe pain, and upon removal of the dressing the parts below it will be found to have assumed a dark blue or black color, to be without feeling, and in other words, to present the typical picture of dry gangrene.

Billroth, the German surgeon, has some time since called the attention of the profession to the danger attending the use of carbolic acid, and his warnings were quoted by nearly all the leading German medical journals. Strange to say, apart from the histories of a few cases published by Kortum, no further mention has been made of the subject in German literature. Kortum sought to explain this unfavorable action of carbolic acid, crediting it to an action upon the vaso-motor nerves.

It has, however, been the privilege of Dr. A. Frankenburger, of Nurenberg, in his able Inaugural Address before the University of that city, to definitely settle the question of the cause, and to throw much valuable light upon the subject. His address has also been discussed editorially in a recent number of the *Medicinische Neuigkeiten.*

In France the subject has been widely discussed, and among French writers on the subject the dissertations of Tilleaux and Secheyron are perhaps most notable. It is evident that the conditions produced are not merely the result of the cauterizing effect of the acid, as suggested by Billroth.

Frankenburger, to settle the question, conducted a series of experiments upon animals, the results of which appear to be most conclusive. He applied the acid in the form of a 3 per cent. or 5 per cent. solution upon a bandage covering the intact skin of the animal. The parts over which the bandage was placed were shaved, and the dressing kept constantly moist with the solution. Every half hour microscopical examinations of a portion of the skin were made, and the experiments lasted for about three hours in each instance.

In every case a typical "mummification" of the skin was observed,

which gradually encroached upon the deeper tissues the longer the application was continued. The microscopical appearances of the preparations were very characteristic and similar in every case.

The epidermis was destroyed, and the papillæ of the chorium were laid bare; there were large gaps in the connective tissue due to an enlargement of the lymphatics; the lumina of the vessels were filled with a partly yellowish red and partly yellowish white masses,—viz., vascular thrombi.

That these thrombi are really formed *intra vitam* during the course of the experiments, is proven by the results of many authors who have studied the action of carbolic acid upon the blood, among whom we may mention G. G. Bill, Huchs, Prudden and Hueter. These writers have observed as an action of the acid a change of the blood corpuscles, consisting in a degeneration of the red corpuscles and accession of the amoeboid movements of the leucocytes. This has been shown by direct examination of the mesentery of a curarized frog, as a direct action of the acid. Frankenburger's experiments show that a similar action is obtained by the mere application of dressings moistened with a weak carbolic acid solution. He summarizes the results of his experiments as follows:

If parts of the human body, intact or else having slight injuries, be brought in contact with a carbolic acid solution of 2½ or 2 per cent. strength, the action of the acid will in predisposed cases cause a gangrene oi these parts extending as far as the application.

This gangrene assumes the typical appearance of dry gangrene. It is caused by the formation of thromic in the vessels, and if the application be kept up for a sufficient length of time will result in an entire occlusion of all the vessels in the field of contact, thus robbing the parts of all nutrition.

This thrombosis and subsequent occlusion is directly caused by the degenerative action of carbolic acid upon both the red and white blood corpuscles. There are no circulatory disturbances of note caused by the action of the acid upon the vaso-motor nerves.

The longer the acid is allowed to remain in contact with the parts, the deeper the gangrene will spread.

This action is especially frequent in such parts as are entirely surrounded by the dressing—notably the phalanges of the extremities.

The use of carbolic acid in the form of moist dressings is especially prone to cause gangrene.

The danger of carbolic acid gangrene is especially predominent in weak subjects, women and children.

In conclusion, we would infer from the results of these observations and experiments that the use of carbolic acid as a dressing in minor or major surgical operations should be restricted as much as possible, and other equally efficacious antseptics substituted; and, finally, that the profession should warn the laity against the indiscriminate use of the drug in the treatment of injuries.—*Med. and Surg. Rep.*

PATIENT (who has been in railroad collision, feebly)—Doctor, can I recover?

Doctor—What?

Patient—Damages, of course.

SOME OBSERVATIONS ON CATARACT OPERATIONS AND AFTER-TREATMENT.

BY A. W. CALHOUN, M. D., LL. D., OF ATLANTA, GA.

Professor of Disease of Eye, Ear and Throat Atlanta Medical College, etc.

In reporting operations upon 904 cases of cataract, it is not intended to go into the datails of each case. I desire only to give my experience as to the best preparatory and after treatment, based upon these cases. The records of the first 47 cases have been lost; so that this report embraces the records of only 857 cases, though in reality 904 have been operated upon. This number includes 203 cases of soft cataract in children and young adults, and 654 cases of hard senile cataract.

The ages of the children and young adults ranged from three months up to 25 years of age. The ages of the others ranged as follows: 138 from 25 to 40; 82 from 40 to 50; 98 from 50 to 60; 157 fron 60 to 70; 140 from 70 to 80; 28 from 80 to 90; 11 from 90 to 94, making 654 cases of hard cataract, which, including the 203 soft cataracts, make the 857 cases.

The preparatory treatment of both the soft and hard varieties was about the same. The operation of needling or discission was made in the soft variety, and with few exceptions with satisfactory results. Needling is a simple process. After dilating the pupil with atropia, so as to free the lens from the iris, a cataract needle is passed through the edge of the cornea into the anterior capsule of the lens and the capsule is more or less freely lacerated; this allows the aqueous humor to come in contact with the broken lens substance and thereby the lens is slowly absorbed. I usually wait about a month after the first operation, and then repeat it through the cornea and dilated pupil. If necessary, at the end of another month the operation is repeated, and after two or three operations the cataract is entirely absorbed. The patient gets well with a clear and circular pupil. If no complication exists there is very nearly normal vision.

The balance of this report will be confined to the *treatment of hard cataract as we find it in adults*, and as a great many of the gentlemen present have not probably made cataract operations, they will pardon me if I go somewhat into details.

The preparatory treatment, in the first place, is to correct any inflammation that may exist about the eyeball or lid. In a large number of cases, when the patient comes for treatment, there is some simple inflammation of the conjunctiva. My rule is particularly to see that this is corrected before the operation is made. I also investigate the condition of the nasal duct, and correct any abnormalities of that, if such exist. After these inflammations are all corrected, the operation can safely be done. When ready to perform the operation, as a rule, the night previous, I give a simple purgative and sometimes five grains of quinine. This is routine treatment, and I have gotten good results from it. I see that the room is properly dusted and thoroughly aired the morning before the patient is put to bed, and that the bed linen is clean. The operation is made upon the patient in bed, and he is kept there for several days thereafter.

Antisepsis. I cannot urge you too strongly to carry out the details of antisepsis. The results are good. The antiseptic I use here is the bichloride of mercury solution. I wash the patient's entire face thoroughly with warm water and castile soap, after my assistant and I have antiseptically cleansed our hands. I then wash the conjunctiva of the eyeball and lid with bichloride of mercury solution, 1:10,000, (which is equivalent to one-third of a grain to six ounces of boiled water.) The lid is everted and washed thoroughly with the bichloride solution, and by means of a pipette the eyeball, the cornea and conjunctiva are irrigated with the solution. I never use a sponge, but use absorbent cotton very freely, which is cleanly and more satisfactory. My results have been so good since using the bichloride of mercury, in the strength mentioned, that I steadily stand by it Before the antiseptic treatment was used, I thought I was getting good results when I had 95 per cent. of successes. Now, if I do not have practically a hundred successes out of 100 patients, something is wrong. Possibly the instruments were not kept altogether as clean formerly as now. If you will read the statistics of the English hospitals, you will find that up to fifteen or twenty years ago they lost from 15 to 20 out of 100. Under antisepsis it has improved until we find very few bad results, except now and then from accidents.

Anæsthetics. Ophthalmic surgeons in this country formerly used chloroform, but since the advent of cocaine the use of chloroform in eye surgery has been relegated to the past, as there is hardly any necessity for it. There are a great many disadvantages connected with the use of chloroform, and we get most satisfactory results from the use of cocaine. I use a one-half of one per cent. solution. My prescription in these cases is: Muriate of cocaine, ⅓ grain; bichloride of mercury solution, (1 to 10,000), a drachm. I cocainize both eyes, although I only operate upon the one. If one eye only is cocainized there is a certain degree of sensitiveness and dread which the patient does not have when both eyes are cocainized, and for that reason I anæsthetize both.

Instruments. It is necessary that the instruments used in cataract operations should be absolutely clean. I drop my instruments in boiling water by the bedside, and leave them in a few moments, take them out, and dry them with absorbent cotton. As each instrument is used, it is mementarily placed in the bichloride solution. There are a few instruments that are apt to carry improper material into the eye. On the small iris forceps used in making iridectomy, minute particles of blood are liable to remain; around the shoulders of the cystitome is also a favorite place for material to lodge, which, if inserted into the eye, becomes dislodged, and may produce serious results. Get rid of this by boiling your instruments previous to the operation. While we cannot lay too much stress upon the purity of the atmosphere of the room, if we take it for granted that the atmosphere is injuriously impure, we would naturally suppose that unpleasant results would follow after opening the eyeball. As as matter of fact we do not. Often when I open the eyeball there is immediately a bubble of air that enters the anterior chamber. You can see it distinctly; it comes from the room, and we know that the atmosphere of the room is not perfectly pure. In the progress of the operation I try to dislodge this bubble of air, and as a rule I succeed. If I do not dislodge it, I let it alone until it is absorbed. I have not known of a single bad result following this bubble of air getting into the anterior chamber.

The preparatory treatment just detailed applies both to the soft and hard variety of cataract. I make discission upon a child with soft cataract and carry out the same process of preparatory treatment adopted in the case of adults.

The question to be decided always by the surgeon is, when to make the operation? Patients often come with cataract in a state of immaturity. You have common workmen who are too blind to carry on their daily avocations, but the cataract is not yet ripe. What are we to do with these cases? Formerly we told them that their cataract was not ripe, and that they must wait until it was perfectly mature. That is a sad bit of news to a man who depends upon his daily labor. He cannot work, and you therefore send him home practically blind to live upon his friends. We have made great progress in this respect.

(Concluded next Week.)

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THE RALE HOLE.—Is not "Uncle Sam" ashamed of his Free Bath House, alias "Mud Hole," alias "Rale Hole?" asks the Hot Springs *Medichl Journal.* No? Then, it is because "Uncle Sam" has only viewed it from the outside (and it is indeed a handsome piece of architecture), and has never stuck the temple of his olfactories beyond the threshold of the cooling room; we held our breath, and went a little further than this, and at a glance, saw that "Uncle Sam's" servants are afraid evidently, to go in the seething lake and pull the string to the ventilator.

HEREAFTER there will be no excuse for drug clerks putting up poisonous prescriptions by mistake. An Indiana man has invented an electric-alarm system arranged to be attached to all bottles or receptacles in an apothecary shop containing poisonous mixtures, so that when one of them is moved a gong strikes and warns the clerk of the nature of the substance held in the bottle he is tampering with.

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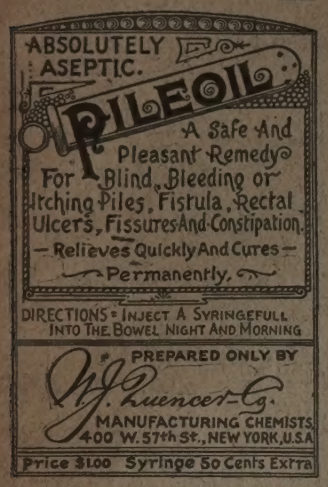
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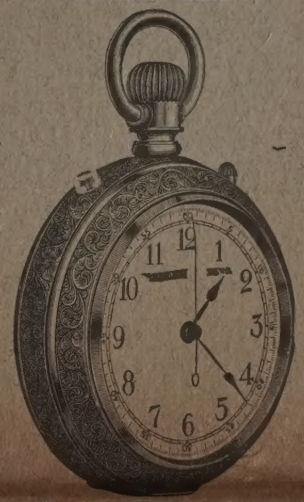

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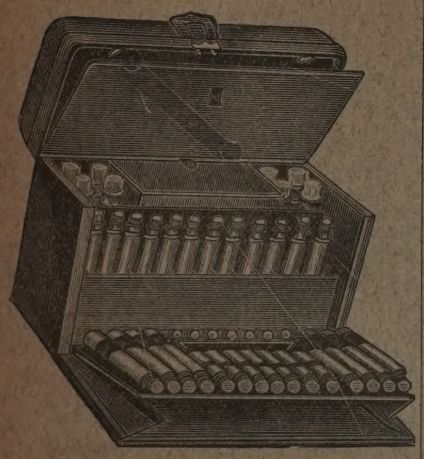

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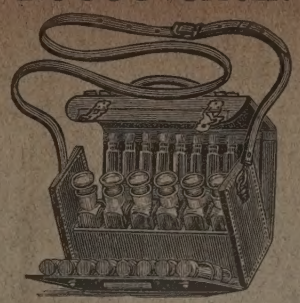

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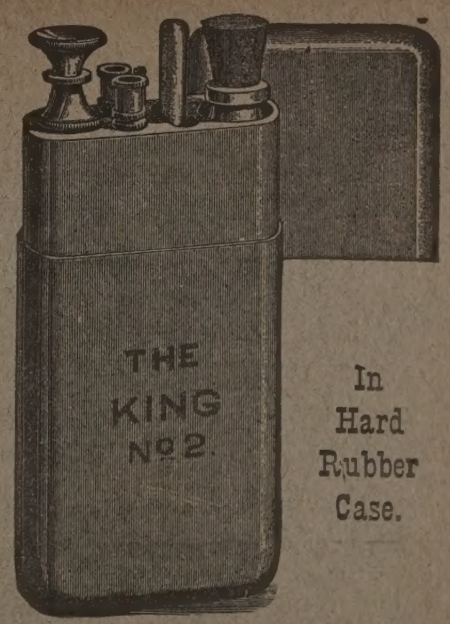

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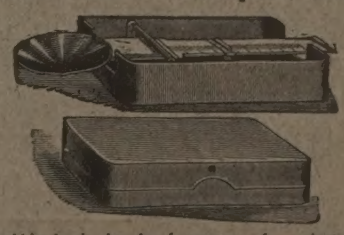

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